

[illegible]

91. ACCIDENT LOCATION					COUNTY		REPORT NO.																																																																			
92. LOCATION OF FIRST HARMFUL EVENT					93. HARMFUL EVENTS																																																																					
INTERSECTION/JUNCTION 01 Intersection Area 02 Junction Area 03 Driveway Access 04 Alley Access		ON ROADWAY-NOT AT INT 10 Left or Inner Lane 11 Right or Outer Lane 12 Other Main Lane 13 Merge/Transition Lane 14 Acceleration Lane 15 Deceleration Lane 16 Left Turn Lane 17 Right Turn Lane 18 Bikeway 19 Bus/HOV Lane		OFF-ROADWAY 20 Left Shoulder 21 Right Shoulder 22 Left Roadside 23 Right Roadside 24 Median 25 Median Crossover 26 Outside ROW		OFF-ROADWAY-OTHER 30 Driveway 31 Private Road 32 Parking Lot 40 Other (Specify)																																																																				
94. Check if INTERSECTION-RELATED <div></div>					<table><thead><tr><th></th><th>Unit</th><th>Unit or 0</th><th>Action</th></tr></thead><tbody><tr><td>1</td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td></tr></tbody></table>			Unit	Unit or 0	Action	1				2				3				4				<table><thead><tr><th></th><th>Unit</th><th>Unit or 0</th><th>Action</th></tr></thead><tbody><tr><td>5</td><td></td><td></td><td></td></tr><tr><td>6</td><td></td><td></td><td></td></tr><tr><td>7</td><td></td><td></td><td></td></tr><tr><td>8</td><td></td><td></td><td></td></tr></tbody></table>				Unit	Unit or 0	Action	5				6				7				8																												
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95. DRAW OBJECTS, DIRECTIONS, ETC., ACCORDING TO CURRENT PRACTICE.					DRAW ARROW INDICATING NORTH <div></div>																																																																					
					96. HOW WERE THE SPEEDS ESTIMATED?																																																																					
98. SHOULDER TYPE (Show on diagram if it was a factor.) 0. No Shoulder 2. Unimproved 4. Gravel/Stone 6. Concrete 1. Turf 3. Graded Earth 5. Asphalt 7. Other					97. HOW WAS POINT OF IMPACT ESTABLISHED?																																																																					
99. REFERENCE POINT IS _____ (FEET) _____ (DIRECTION) OF _____ (OBJECT/LANDMARK) ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE.					99. REFERENCE POINT IS _____ (FEET) _____ (DIRECTION) OF _____ (OBJECT/LANDMARK) ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE.																																																																					
100. TIRE/SKID MARKS (FEET)					101. ACCIDENT DESCRIPTION (Refer to Units by Number)																																																																					
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					DAY/TIME REPRODUCED																																																																					
103. PREPARED BY					BADGE NO.		DATE/TIME		104. SUPERVISOR APPROVING		BADGE NO.																																																															

Report of Injured Person(s)

Accident Location: _____ Date: _____ Time: _____

Injured: _____ Address: _____ Phone: _____

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Unit	Posit	Age	Sex	Eject	Sfty	Inj	Area	Cause	Care	Trans	Hosp	Cond	EMS Card No

Injured Was:

Attending Physician: _____

Operator's License: _____ Race: _____ Age: _____ DOB: _____
(State) (Number)

Occupation: _____ Where Employed: _____

Description of Injuries: _____

Had been drinking: Yes _____ No _____ What? _____ How Many? _____ Time Last Drink? _____

Where drinks consumed (Establishment): _____

Statement: _____

Injured: _____ Address: _____ Phone: _____

A	B	C	D	E	F	G	H	I	J	K	L	M	N
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Description of Injuries: _____

Had been drinking: Yes _____ No _____ What? _____ How Many? _____ Time Last Drink? _____

Where drinks consumed (Establishment): _____

Statement: _____

Officer's remarks: _____

Officer _____ I.D. No. _____ Date/Time _____

Supervisor Approving _____ I.D. No. _____ Date/Time _____